

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

45<sup>th</sup> 9/28/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445217	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  08/13/2013
NAME OF PROVIDER OR SUPPLIER  PINE RIDGE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 SPRUCE LANE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on August 13, 2013 at 2:20 p.m. confirmed unsealed penetrations in the ceiling of the back hot water heater room. This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on August 13, 2013.	K 029	On August 16, 2013 the Maintenance Director fabricated sheet metal that Would fit around vent pipes and Completely sealed penetrations. A 3M fire caulk was used around All metal edges.  According to NFPA codes. Any area of concern will be addressed and resolved.  Maintenance Director or Assistant will monitor for penetrations during daily rounds and any concerns will be addressed immediately.  Quarterly Environmental safety survey will be completed by PI team member. All findings will be discussed during Monthly PI meeting. Any concerns will be addressed during the monthly meeting.	08/16/13  ongoing	
K 042 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Any room or suite of rooms of more than 1,000 sq. ft. has at least 2 exit access doors remote from each other. 19.2.5.2  This STANDARD is not met as evidenced by:	K 042	Maintenance Director will have a 5 foot wide outswing lockable gate installed in existing Court yard fence. All staff Members will be provided a key to gate.  According to NFPA codes. Any areas of concern will be addressed and resolved.	09/20/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Debbie Street

TITLE

Administrator

(X6) DATE

08-27-13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AUG 29 2013

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K 042	Continued From page 1 Based on observation and interview, it was determined the facility failed to provide areas greater than 2500 Square Ft. with at least two exits. The findings include: Observation and interview with the Maintenance Director, on August 13, 2013 at 10:20 a.m. confirmed the outside courtyard only had one exit leading back into the building. The sidewalk in the courtyard was leading away from the building, ending at a dead end at a fence. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2013.	K 042	When applicable will access all areas of more than 1,000 square ft. to ensure 2 exit access doors are in place.  Quarterly environmental safety survey will be completed by Performance Improvement team member and findings reported to the PI team during monthly PI meeting. Any areas of concern will be addressed during the monthly meeting.	ongoing	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide signage for all exits. The findings include: Observation and interview with the Maintenance Director, on August 13, 2013 at 10:25 a.m. confirmed the outside courtyard was not provided with exit signs to indicate the direction of egress from the courtyard. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on	K 047	Maintenance Director will install an Exit sign in the hallway at the entrance into the dayroom and at the exit doors leaving the dayroom leading into the Courtyard. An exit sign will also be installed on the fence gate showing it as an exit from the courtyard.  According to NFPA codes. Any areas of concern will be addressed and resolved.  Maintenance Director or Assistant during daily rounds will monitor for compliance of exit signs and any areas of concern will be addressed immediately.	09/20/13          ongoing	

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K 047	Continued From page 2 August 13, 2013.	K 047	Quarterly Environmental safety survey will be completed by PI team member.	ongoing	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system was maintained. The findings include: Observation and interview with the Maintenance Director, on August 13, 2013 at 1:30 p.m confirmed two of 4 sprinkler heads under the front canopy were corroded. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 13, 2013.	K 062	All findings will be discussed during Monthly PI meeting. Any concerns will be addressed during the monthly meeting.  K062  East Tennessee Sprinkler Company was contacted on August 14, 2013 and came onsite on August 22, 2013 to measure sprinkler heads. East Tennessee Sprinkler stated the sprinkler heads would need to be ordered and would install upon arrival.  According to NFPA codes. Any areas of concern will be addressed and resolved.  Quarterly, Semi-annual and annual sprinkler inspections will be conducted by East Tennessee Sprinkler according to NFPA codes.		
				ongoing	

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